DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention

Guidance for Applicants (GFA) No. SP-02-004
Part I - Programmatic Guidance

Targeted Capacity Expansion Initiatives for Substance Abuse Prevention (SAP) and HIV Prevention (HIVP) in Minority Communities: Planning Grants

Short Title: Minority SA & HIV Prevention Planning

Application Due Date:
July 24, 2002

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Date of Issuance: May 2002

Catalog of Federal Domestic Assistance (CFDA) No. 93.243
Authority: Section 516 of the Public Health Service Act, as amended,
and subject to the availability of funds.

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Agency

Department of Health and Human Services (DHHS), Substance Abuse and Mental Health Services Administration (SAMHSA).

Action and Purpose

SAMHSA's Center for Substance Abuse Prevention (CSAP) announces that funding is available for Fiscal Year 2002 for Planning Grants through the Targeted Capacity Expansion Initiatives for Substance Abuse Prevention (SAP) and HIV Prevention (HIVP) in Minority Communities Program.

This program responds to the health emergency in African-American, Hispanic/Latino, American Indian/Alaska Native, and Asian-American/Pacific Islander communities described by the Congressional Black and Hispanic Caucuses. It includes two initiatives:

- Planning Grants
- Services Grants

Funds under this Planning Grant initiative are available to establish the infrastructure and leadership necessary to be able to provide effective Substance Abuse Prevention (SAP) and HIV Prevention (HIVP) and other related services to the minority communities they serve. Funds will also support efforts and activities that will build awareness and consensus, and develop action plans for services to help ensure access to effective SAP and HIVP interventions in their communities.

Availability of Funds

Approximately $7.5 million is available to fund planning grants. CSAP expects to award funding to 70-75 applicants, in the amount of $90,000 to $125,000. Your budget should not exceed $125,000 in total costs (direct and indirect). Actual funding levels will depend on the availability of funds.

You may request funding for 1 year.

CSAP's Minority SAP and HIVP programs include two separate funding opportunities in FY 2002:

* This GFA provides instructions on applying for Planning Grants

* A separate GFA is available to provide instructions on applying for Services Grants

To obtain copies of either GFA : Download from the SAMHSA website: http://www.samhsa.gov or call SAMHSA's National Clearinghouse on Alcohol and Drug Information: 1-800-729-6686.

Background[1]

Reports of HIV infection in the United States suggest that about 50 percent of new HIV infection cases are directly or indirectly related to injecting drug use. Injection drug use accounts for approximately 40 percent of the reported AIDS cases among women; 39

[1]References and additional background information are located in Appendix B.

percent of the reported pediatric AIDS cases; and 22 percent of the total AIDS cases among males. Further, being under the influence of alcohol and/or drugs can greatly increase an individual's likelihood of engaging in unsafe sex practices that can lead to HIV infection. In addition, recent research has shown that cocaine use can stimulate the production and spread of the virus internally, so that drug use may hasten the progression of HIV disease. All of these connections between substance abuse and HIV/AIDS underscore the urgency of addressing these "dual epidemics."

HIV/AIDS is increasing most rapidly among people of color. In fact, African-Americans and Latinos have higher prevalence rates than do Caucasians. HIV/AIDS is the number one cause of death among African-American males between the ages of 25 and 44. The status of HIV/AIDS in African-American and Hispanic communities is a severe and on-going crisis.

The Health and Human Services National Minority AIDS Initiative seeks to address the state of emergency regarding HIV/AIDS in minority communities by increasing the capacity of communities which are disproportionately impacted by HIV disease. The epidemic requires a client-centered, community-based approach, and a need to develop the infrastructure to support services which meet the comprehensive and challenging needs of those infected and affected by HIV disease, especially those with the additional stigma associated with substance abuse.

There should be "no wrong door" for people to receive effective services for all of their physical and behavioral health problems, including HIV/AIDS, substance abuse, and mental health services. Services should be culturally-appropriate and gender-specific and open to individuals, regardless of sexual identity and racial/ethnic background.

There is clearly a critical need for integrated SAP and HIVP services which target communities of color and are culturally-relevant, effective, and involve strong institutions in these communities, including faith-based organizations. The Minority SAP and HIVP Initiatives Program attempts to address that need by providing funding to develop plans for prevention services that can be submitted to request support from private foundations, US DHHS agencies including HRSA, CDC, NIH, SAMHSA and other sources.

Who Can Apply?

Funding will be directed to activities designed to deliver services specifically targeting racial and ethnic minority populations impacted by HIV/AIDS. Eligible entitles may include: non for profit community-based organizations, national organizations, colleges and universities, clinics and hospitals, research institutions, and tribal government and tribal/urban Indian entities and organizations. Faith-based and community-based organizations are eligible to apply. In addition, health care delivery organizations, Historically-Black Colleges (HBCUs), Tribal Colleges and Universities (TCUs), Hispanic Serving Institutions (HSIs), Hispanic Association of Colleges and Universities members (HACUs), are also eligible to apply. Note: State and local government agencies are not eligible under this GFA.

Target Population - Who Should be Served

This program seeks to increase the ability to provide integrated SAP and HIV prevention services in African-American, Hispanic/Latino, American Indian/Alaska Native, and Asian-American/Pacific Islander communities, which have traditionally been underserved or unserved. In your planning efforts, you should consider both specific populations which may be at particular risk, and the behaviors that may put any individual at risk for HIV infection in your community.

Specific populations at particular risk for HIV infection may include:

- adolescents
- female adolescents and women
- runaway youth
- homeless individuals
- individuals re-entering the community from prison, jail, or juvenile justice facilities
- partners of individuals in or re-entering the community from correctional facilities
- gay, lesbian, bi-sexual, transgendered, and questioning individuals
- individuals (both female and male) with a history of sexual abuse or intimate partner violence
- migrant workers, or other immigrant populations living away from home for extended periods
- immigrants from countries with high HIV seroprevalence rates

High risk behaviors may include:

- using injection drugs (ID)
- men having sex with other men (MSMs)
- having sex with an ID user
- women having sex with MSMs
- participating in the sex trade
- trading sex for drugs
- binge drinking, or use of alcohol or drugs with sex
- having sex without a condom, or other unsafe sexual practices

Your planning efforts should include carefully assessing your target community to determine the behaviors that put community members at greatest risk for HIV infection. You should develop a method for prioritizing the populations you would like to serve, and then begin to structure appropriate services and activities.

Funding Restrictions

✖ These funds may not be used to provide actual services.

✖ These funds are to be used to plan for effective SAP and HIV ***prevention*** services, and may not be used to plan for *treatment* services.[2]

[2]Substance abuse treatment and other terms are defined in Appendix A, using the definitions adopted by the Institute of Medicine (1994).

Expected Accomplishments and Activities:

With this funding you will be expected to plan for, and build the capacity in your organization to support, the delivery of effective, sustainable, integrated SAP and HIV prevention and other related services to your community. You should develop services which address the SAP and HIV prevention-related needs in your community, and the interventions you choose should be well-structured and supported by scientific evidence. This will improve your chances to obtain future funding to support the actual service delivery from established HIV/AIDS programs, such as those supported by private foundations and US DHHS agencies including HRSA, CDC, NIH, and SAMHSA, and other sources.

At a minimum, these funds should be used to build a stronger infrastructure and increase your ability to meet the SAP and HIVP needs of the community. This funding will support not only activities to plan for services delivery, but also efforts to promote changes to community norms that support positive behavior change and address inequities (such as access to culturally- and language-appropriate services) that perpetuate the disproportionate burden of HIV disease in communities of color.

ACCOMPLISHMENTS

By the end of the planning grant period, your organization will be expected to have accomplished the following:

- ✖ conducted a thorough community needs assessment;
- ✖ identified appropriate, science-based models for SAP and HIVP services;
- ✖ produced a Development Plan or Strategic Plan that clearly describes the next steps the organization will take in order to establish integrated SAP and HIVP services; and
- developed the Core Competencies necessary for effective organizational management, including:
  - establishing a financial management unit of the organization capable of ensuring that all financial requirements of funding organizations are met, with written financial policies and procedures in place;
  - developing written organizational policies and procedures regarding personnel, travel, equipment, and other related issues;
  - specifying appropriate levels of authority and responsibilities for all levels of management, including governing boards and key staff, with appropriate checks and balances;
  - adopting a management information system; and
  - developing a quality assurance program for future services delivery.

This initiative does <u>not</u> provide funding for prevention services delivery. Applicants seeking funding for the actual provision of prevention services should apply under CSAP's Minority SAP and HIV Prevention Services Grants.

ACTIVITIES

You may use grant funds to support any of the following activities: (This list is meant to give you examples. You may also include other related activities that may not be listed here but are relevant in your community.)

- identify key stakeholders;
- engage and coordinate with potential partners in the planning process;
- engage members of the target community to participate in designing services for themselves and their peers;
- convene formal and informal advisory groups to assist in the planning process;
- call upon relevant local experts to share their expertise, including individuals affiliated with nearby institutions that are HBCUs, TCUs, HSIs, and HACU members;
- Identify the needs in your organization that must be addressed in order to be able to implement SAP and HIVP services (see the section on Core Competencies above);
- conduct a needs assessment of the community---an in-depth review of the nature and extent of needs of community members regarding SAP, HIVP, and other related services. The needs assessment should include:
  - profiles of the target population generally,
  - local epidemiological data related to HIV disease,
  - information on the capacity of local service providers, and
  - other relevant details, such as information on transportation, employment, and other services;
- conduct a search of relevant literature to identify science-based SAP and HIV prevention approaches;
- examine existing SAP and HIV prevention and other related services in place in similar communities in order to develop a culturally-competent prevention services model that is the most appropriate for your community;
- form linkages with related providers in the community; and
- prepare detailed plans for future services provision.

Where to Get an Application Kit

Grant application kits have <u>two</u> parts, as well as several <u>forms</u>.

- Part I is different for each GFA. **This document is Part I.**
- Part II is entitled "General Policies and Procedures Applicable to All SAMHSA Applications for Discretionary Grants and Cooperative Agreements."
- Form PHS-5161-1 "Grant Application" must be completed by all SAMHSA applicants. Form PHS-5161-1 contains the following Standard Forms (SF) and instructions:
  - SF 424, "Application for Federal Assistance" (the "face page")

- SF 424, "Budget Information - Non-Construction Programs"
- SF 424B, "Assurances - Non-Construction Programs"
- Certifications,
- SF LLL, "Disclosure of Lobbying Activities"
- Checklist

To get a complete application kit, including Parts I and II and Form PHS-5161-1, you can:

Call the National Clearinghouse for Alcohol and Drug Information (NCADI) at 1-800-729-6686, or

Download it from the SAMHSA website at **www.SAMHSA.gov**

Where to Send the Application

Send the original and 2 copies of your grant application to:

SAMHSA Programs
Center for Scientific Review
National Institutes of Health
Suite 1040
6701 Rockledge Drive MSC-7710
Bethesda, MD 20892-7710*

*NOTE: You must change the zip code to **20817** if you use express mail or courier service.

PLEASE MAKE SURE TO:

➔ Type the following for "TITLE:" in Item No. 10 on SF 424, the face page of the application form:
"SP-02-004 Minority SAP and HIV Prevention Planning Grant"

NOTE:

➔ Effective immediately, all applications must be sent via a recognized commercial or governmental carrier. Hand-carried applications will not be accepted.

Application Due Dates

Your application must be received by July 24, 2002.

The only way an application which is received after this date will be accepted is if it has a proof-of-mailing date from the carrier no later than July 17, 2002.

Private metered postmarks are not acceptable as proof of timely mailing. If your application is late, it will be returned to you without being reviewed.

How To Get Help

If you have a question about a *program - related issue*, you may contact:
Francis C. Johnson, M.S.W.
Rockwall II, Suite 1075
5600 Fishers Lane
Rockville, MD 20857
(301) 443-6612
E-Mail: fjohnson@SAMHSA.gov

If you have a question about a *fiscal/ grants management issue*, you may contact:

Steve Hudak
Division of Grants Management
Substance Abuse and Mental Health Services Administration
Rockwall II, 6th Floor
5600 Fishers Lane
Rockville, MD 20857
(301) 443-9666
E-Mail: shudak@SAMHSA.gov

Funding Criteria

Decisions to fund a grant are based on:

1. The strengths and weaknesses of the application as determined by the Peer Review Committee

2. Concurrence of the CSAP National Advisory Council

3. Availability of funds

4. An attempt will be made to distribute awards across various regions of the country and across all targeted minority groups; however, this funding criterion will be balanced against the priority score.

Detailed Information on What to Include in Your Application / Checklist

In order for your application to be **complete and eligible**, it must include the following items in the order listed. Check off areas as you complete them for your application.

❑ ***1. FACE PAGE***

Use Standard Form 424, which can be found in Form PHS-5161-1 "Grant Application." Appendix A in Part II gives you specific instructions for filling out this form. Remember that in signing the face page of the application, you are agreeing that the information is accurate and complete.

❑ ***2. ABSTRACT***

Please provide an abstract for your grant application that is 35 lines or less and has two sections:

1. The first 5 lines should provide a brief summary of your project that can be used in publications, reporting to Congress, or press releases, if funded. Include the following information: Applicant Organization, Project Title and a brief description of activities, Target Population, and Target Community (i.e. Who plans to provide What for Whom, and Where?)

2. The rest of the abstract should provide enough information for reviewers, staff, and others to get an understanding of what it is you would like to accomplish with this funding. It should include: (a) a statement of the problem/issue being addressed, (b) program goals; and (c) a description of activities.

Your total abstract may not be longer than 35 lines.

❑ ***3. TABLE OF CONTENTS***

Include page numbers for each of the major sections of your application and for each appendix.

Make sure to number each page of your application (including pages used to divide sections). *Please also include the Project Director/Principal Investigator's name on each page.* This will help to ensure that all pages of your application are reproduced and distributed correctly.

❑ ***4. BUDGET FORM***

Use Standard Form 424A, which can be found in Form PHS-5161-1 "Grant Application." Appendix B in Part II gives you specific instructions for filling out this form.

❑ ***5. PROJECT NARRATIVE AND SUPPORT DOCUMENTATION***

These sections describe your project. The project narrative is made up of Sections A through D. You will find additional instructions on completing the Project Narrative below. Sections A-D of your application may not be longer than 25 pages.

❑ **Section A** - Documentation of Need

❑ **Section B -** Project Plan (Design)

❑ **Section C** - Project Evaluation

❑ **Section D** - Organizational Capacity

Sections E through H should contain the support documentation for your application. There are no page limits for the following sections, except for Section H - Biographical Sketches/Job Descriptions.

❑ **Section E** - Literature Citations

This section must contain complete reference information, including titles, authors, and dates, for any literature you cite in your application.

❑ **Section F** - Budget Justification, Existing Resources, Other Support

Include a narrative description and explanation of all budget items.

❑ **Section G** - Biographical Sketches and Job Descriptions

Include a biographical sketch for the identified Project Director and other key staff who will be implementing this project. Each sketch should not exceed **2 pages**. If a key staff person is identified but has not been hired, include a letter of commitment from him/her with this sketch.

Include job descriptions for key personnel not yet identified or hired. Descriptions should not be longer than **1 page each**.

The formats for biographical sketches and job descriptions are given in Item 6 in the "Program Narrative" section of the PHS 5161-1.

❑ **Section H** - Confidentiality and SAMHSA Participant Protection (SPP)

The seven areas you must address in this section are outlined below after the Project Narrative.

❑ ***6. APPENDICES (1 - 7)***

Use only the appendices listed below, but please include all 7 of these appendices in your application, following the numbers and the order given. **Do not** use appendices to extend or replace any of the sections of the Project Narrative (reviewers will not consider them if you do).

Do not use more than **35 pages** (plus all evaluation instruments) for your appendices.

❑ **Appendix 1:**
Organizational Chart - clearly show the professional roles of all key staff and reporting relationships.

❑ **Appendix 2:** Letters of Coordination and Support, including any Memoranda of Understanding (MOUs) with service providers or other local organizations.

❑ **Appendix 3:**
Copies of your Letters to the Single State Agency (SSA) and Single Point of Contact (SPOC) in your State. Please refer to Part II for instructions and further information about SSA Coordination and Intergovernmental Review by the SPOCs.

❑ **Appendix 4:**
Projected Population Profile (this form is in Appendix C of this GFA) - please fill in the chart to clearly show the populations needing services in your community

❑ **Appendix 5:**
Area Map - indicate the target community, proposed service area, and location(s) of your organization.

❑ **Appendix 6:**
Data Collection Instruments/ Interview Protocols

Appendix 7:
Sample Consent Forms

❑ *7. ASSURANCES*

Use Standard Form 424B, "Assurances - Non-Construction Programs," which can be found in Form PHS-5161-1 "Grant Application."

❑ *8. CERTIFICATIONS*

Use the "Certifications" forms, which can be found in Form PHS-5161-1 "Grant Application."

❑ *9. DISCLOSURE OF LOBBYING* ***ACTIVITIES***

Use Standard Form LLL (and SF LLL-A, if needed), which can be found in Form PHS-5161-1 "Grant Application." Part II of the grant announcement also contains information on lobbying prohibitions.

❑ *10. CHECKLIST*

Use the Checklist in Form PHS-5161-1 "Grant Application." Additional instructions for this checklist can be found in Appendix C of Part II.

❑ ***11. INTERGOVERNMENTAL REVIEW (E.O. 12372)***

Executive Order (E.O.) 12372 sets up a system for State and local government review of applications. Applicants (other than Federally recognized Indian tribal governments) should contact the States' Single Point of Contact (SPOC) as early as possible to alert him/her to the prospective application(s) and receive

necessary instructions on the State's review process. Part II of the GFA provides additional information about E.O. 12372.

Project Narrative– Sections A Through D Highlighted

Sections A through D of your application describe what you intend to accomplish with grant funding. Here is detailed information on how to complete these sections:

- ☛ Sections A though D may not be longer than 25 pages.
- ☛ A peer review committee will assign a point value to your application based on how well you address these sections.
- ☛ The number of points after each main heading shows the maximum points a review committee may assign to that category.
- ☛ Reviewers will also be considering cultural competence in each section. Points will be assessed on the cultural aspects of each criterion.[3]

Section A: Documentation of Need (30 Points)

Provide detailed information on your target community and the unmet needs for substance abuse and HIV prevention services.

Include the following information in this section:

- ☛ A profile of the population you intend to provide services to (your target population), which includes information on race, ethnicity, age, and gender (See Appendix C).
- ☛ A "risk profile" of the target population that includes information on risk factors for HIV infection and substance abuse and/or related problems. Include data on the current trends of the HIV/AIDS epidemic in your community, especially HIV transmission/new HIV infection rates. If available, provide local data on relevant risk behaviors such as: use of alcohol and other drugs, use of injecting drugs, teen pregnancy rates, use of condoms and other data related to safer sex practices, prevalence of sexually-transmitted diseases, and other local epidemiological data related to HIV transmission.

[3]Please see Appendix D of Part II: "Guidelines for Assessing Cultural Competence."

☛ Information on resiliency and protective factors in the target population and community, such as individual protective factors (i.e. positive sense of self, a sense of purpose and of the future, social skills and coping/ problem-solving skills, social competence, cooperativeness, and emotional stability); family protective factors (i.e. parental attention to children's interests, attachment to parents, parental involvement in school-related activities, and high parental expectations); and community protective factors (i.e. caring and supportive social networks, high expectations of youth, and opportunities for participation).

☛ Descriptions of the capacity of local service providers. Provide a clear picture of the SAP and HIV prevention, early intervention, and other related services that are already in place in your community.

☛ Descriptions of the unmet needs and gaps in service in your community that you will plan to fill. Include information on the availability of appropriate, culturally-competent services.

☛ An estimate of the numbers of individuals in your target population that could potentially receive services from your organization. (See Appendix C)

☛ Information on other relevant services needed by your target population, such as the availability of transportation, educational/ vocational/employment services, child care, and other services.

☛ An area map which indicates the target community, proposed service area, and location(s) of your organization. (This should be Appendix 5 of your application.)

Section B: Project Plan (Design) (35 Points)

This section of your application is a detailed presentation of the activities you plan to implement in order to achieve the expected accomplishments outlined in "Expected Accomplishments and Activities." You should:

- Describe how your proposed project will address the purpose of this GFA.

- Delineate the activities that will be necessary to implement your planning/capacity-building process.

- Include a Work Plan with project-specific objectives and key action steps which are specific and measurable. At a minimum, the Work Plan should include:
  - a problem statement;
  - goals;
  - objectives for each goal;
  - key action steps for each objective;
  - responsible persons for each action step; and
  - targeted completion dates.

- Describe how this project will lead to the development of integrated SAP and HIVP services in the community.

- Discuss plans for prioritizing and coming to consensus about the interventions needed in the community with the involvement of community members and leaders.

- Provide an overview of the types of services your organization plans to develop.

- Include current background literature on interventions which may be appropriate for your proposed target population and have demonstrated effectiveness. Address all important aspects of your target population, including race, ethnicity, gender, sexual orientation, age, developmental status, and disabilities.

- Describe how members of the target population will be included in the planning, design, and implementation of activities, and have membership on advisory boards or other groups.

Section C: Project Evaluation
(15 Points)

Present an evaluation plan that will assess whether your project is implemented in the time and manner proposed and meets the process goals and objectives specified.

- Describe plans for a process evaluation to address the consensus-building process in the community as well as the planning process, and should include "Lessons Learned."

- Clearly state your evaluation questions: what are you trying to accomplish, and how will you know if you are successful?

- Describe a process evaluation that may include: numbers of community members and leaders involved in the planning process, numbers of meetings held and presentations given, measures of satisfaction of stakeholders with current and proposed services, measures of barriers to implementation, etc.

- Include copies of any instruments or interview protocols.

- Describe how you will involve members of your target population to ensure that your evaluation is culturally-appropriate.

- Describe how you will collect data. (You may plan to collect data for needs assessments and planning purposes from focus groups, through survey instruments, etc.)

- Describe how you will transmit and store any data that you collect. Provide details on how you will ensure that your data are kept confidential.

- Present your plans for analyzing the data that you collect.

- Discuss any plans to determine the costs of the services you propose to implement.

- Provide an evaluation time-line, including any data collection points.

- Describe your plans for writing and producing all of the required grant

reports and products. (They are listed below under "Post Award Requirements.")

- Discuss your plans for disseminating any grant products, as appropriate.

Section D: Organizational Capacity: Project Management, Organization, Staff, Equipment/ Facilities and Other Support (20 Points)

In this section, you should:

- Describe your project management and implementation plan. (You may refer back to the Work Plan you presented in Section B.)

- Describe the mission of your organization and how the proposed activities fit within that mission.

- Describe the capability and experience of your organization and collaborating agencies with similar projects and populations. Provide information on experience that is relevant to substance abuse prevention, HIV prevention, and other related services.

- Clearly describe the activities and services you currently offer and outline how these funds will help you to build on existing services.

- Describe your experience collaborating with other relevant agencies and organizations in the community.

- Describe your experience getting community members and leaders involved with your organization and its activities.

- Discuss your organizational structure. Provide an organizational chart in Appendix 1 of your application which outlines the professional roles of all staff and reporting relationships.

- Describe your proposed staffing plan. Discuss staffing patterns and provide rationale for percent of time for key personnel and consultants.

- Describe the qualifications and relevant experience of the Project Director, other key staff, the proposed consultants and/or subcontractors.

- Describe the cultural capabilities of the staff and explain how your staff will ensure that services are culturally competent. Document the staff's experience, familiarity, and links with, as well as acceptance by the communities and the target population to be served.

- Describe relevant existing resources, such as computer facilities and equipment, and facility location, space, environment, and accessibility (in compliance with the Americans with Disabilities Act).

- Describe any other resources not accounted for in the proposed budget but necessary for the project.

- Describe your plans for securing resources to implement your model of integrated SAP and HIVP services once this project is terminated.

NOTE: Although the Peer Review Committee will not consider the **budget** for your proposed project in scoring your application, reviewers will be asked to comment on the appropriateness of your budget after the merits of the application have been considered.

Post Award Requirements:

1. Reports:
   - ❑ Quarterly reports;
   - ❑ A Final report summarizing accomplishments and outcomes. ("lessons learned")

2. Products:
   - ❑ Community needs assessment;
   - ❑ Science-based model for integrated SAP and HIVP services;
   - ❑ Development Plan or Strategic Plan to establish services; and
   - ❑ Documentation of Core Management Competencies

3. Compliance with applicable data reporting requirements.
4. Attendance at required grantee meetings, which may include a New Grantee Workshop, Learning Community Conferences, and other CSAP/SAMHSA conferences. (Grantees should budget for travel to two grantee meetings.)

Roles - CSAP Staff and Grantees

Grantees Must:

- Fully implement their funded project.
- Comply with the terms and conditions of the award agreement.
- Collaborate with CSAP staff in project implementation and monitoring.
- Participate in a cross-site evaluation.
- Agree to utilize common measures if possible and appropriate.
- Participate in grantee meetings (your budget should include funds for travel to two grantee meetings).
- Comply with mutually agreed-upon activities, objectives, and policies.

CSAP/SAMHSA Staff Will:

- Monitor the conduct and progress of the projects including conducting site visits, when possible.
- Provide guidance and technical assistance on project implementation.
- Assure appropriate individual and cross-site evaluation methodologies are followed.
- Work collaboratively with grantee and contractor staff.
- Assist with the packaging and dissemination of products and materials.

Confidentiality and SAMHSA Participant Protection (SPP)

You must address 7 areas regarding confidentiality and SAMHSA participant protection in your supporting documentation. No points will be assigned to this section by the Peer Review Committee; however if the Committee notes any concerns regarding any area of this section, CSAP cannot fund your application until and unless all concerns are satisfactorily addressed. If any area is not applicable to your proposed project activities, discuss why it is not applicable.

The SPP information will:

- ✓ Reveal if the protection of participants is adequate or if more protection is needed.
- ✓ Be considered when making funding decisions.

Some projects may expose people to risks in many different ways. In Section I of your application, you will need to:

- Report any possible risks for people in your project.
- State how you plan to protect them from those risks.
- Discuss how each type of risk will be dealt with, or why it does not apply to the project.

The following 7 issues must be discussed:

❶ Protect Clients and Staff from Potential Risks:

- Identify and describe any foreseeable physical, medical, psychological, social, legal, or other risks or adverse effects.
- Discuss risks which are due either to participation in the project itself, or to the evaluation activities.
- Describe the procedures that will be followed to minimize or protect participants against potential health or confidentiality risks. Make sure to list potential risks in addition to any confidentiality issues.
- Give plans to provide help if there are adverse effects to participants, if needed in the project.
- Where appropriate, describe alternative treatments and procedures that might be beneficial to the subjects.
- Offer reasons if you do not decide to use other beneficial treatments.

❷ Fair Selection of Participants:

— Describe the target population(s) for the proposed project. Include age, gender, racial/ethnic background. Address other important factors such as homeless youth, foster children, children of substance abusers, pregnant women, or other special population groups.

- Explain the reasons for using special types of participants, such as pregnant women, children, institutionalized or mentally disabled persons, prisoners, or others who are likely to be vulnerable to HIV/AIDS.

- Explain the reasons for including or excluding participants.

- Explain how you will recruit and select participants. Identify who will select participants.

❸ Absence of Coercion:

- Explain if participation in the project is voluntary or required. Identify possible reasons why it is required. For example, court orders requiring people to participate in a program.
- If you plan to pay participants, state how participants will be awarded money or gifts.

- State how volunteer participants will be told that they may receive services and incentives even if they do not complete the study.

❹ Data Collection:

- Identify from whom you will collect data. For example, participants themselves, family members, teachers, others. Explain how you will collect data and list the site. For example, will you use school records, interviews, psychological assessments, observation, questionnaires, or other sources?

- Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation and research or if other use will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.

- Provide in Appendix No. 6, "Data Collection Instruments/Interview Protocols," copies of all available data collection instruments and interview protocols that you plan to use.

❺ Privacy and Confidentiality:

- List how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.
- Describe:
  - How you will use data collection instruments.
  - Where data will be stored.
  - Who will or will not have access to information.
  - How the identity of participants will be kept private. For example, through the use of a coding system on data records, limiting access to records, or storing identifiers separately from data.

NOTE: If applicable, grantees must agree to maintain the confidentiality of alcohol and drug abuse client records according to the provisions of Title 42 of the Code of Federal Regulations, Part II.

❻ Adequate Consent Procedures:

- List what information will be given to people who participate in the project. Include the type and purpose of their participation. Include how the data will be used and how you will keep the data private.
- State:
  -If their participation is voluntary.
  - Their right to leave the project at any time without problems.
  - Risks from the project.
  - Plans to protect clients from these risks.

- Explain how you will get consent for youth, the elderly, people with limited reading skills, and people

  Note: If the project poses potential physical, medical, psychological, legal, social, or other risks, you should get written informed consent.

- Indicate if you will get informed consent from participants or from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?

- Include sample consent forms in your Appendix 7, titled "Sample Consent Forms." If needed, give English translations

  Note: Never imply that the participant waives or appears to waive any legal rights, may not end involvement with the project, or releases your project or its agents from liability for negligence.
- Describe if separate consents will be obtained for different stages or parts of the project. For example, will they be needed for participation in both the intervention and the collection of data. Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?

❼ Risk/Benefit Discussion:

- Discuss why the risks are reasonable compared to expected benefits and importance of the knowledge from the project.

Appendix A: Acronyms and Definitions

ACRONYMS:

AIDS - Acquired Immunodeficiency Syndrome
CBO - Community-Based Organization
CDC - Centers for Disease Control and Prevention
CFR - Code of Federal Regulations
CSAP - Center for Substance Abuse Prevention
CSAT - Center for Substance Abuse Treatment
CMHS - Center for Mental Health Services
DHHS - Department of Health and Human Services
FY - Fiscal Year
GPRA - Government Performance and Results Act
HACU's - Hispanic Association of Colleges and Universities members
HBCU's - Historically-Black Colleges and Universities
HIV - Human Immuno-deficiency Virus
HIVP - HIV Prevention
HRSA - Health Resources and Services Administration
HSI's - Hispanic-Serving Institutions
IDU - Injection Drug User
IRB - Institutional Review Board
MSM's - Men who have Sex with other Men
NIH - National Institutes of Health
SAMHSA - Substance Abuse and Mental Health Services Administration
SAP - Substance Abuse Prevention
SPP - SAMHSA Participant Protection
STD - Sexually Transmitted Disease
TCU's - Tribal Colleges and Universities

DEFINITIONS:

Evaluation - the process of determining whether a project achieves its intended goals and produces the desired results.

Integration of Services - developing a services system which provides clients with a full range of comprehensive services which are accessible from any one point in the services system and are coordinated with other services. Effective integration should provide clients with "seamless" delivery of the full range of culturally-competent SAP, HIVP, and other related services required.

Minority Communities - African-Americans, Hispanics/Latinos, American Indians/Alaska Natives, and Asian-Americans/Pacific Islanders

Non-profit organizations - organizations which either have obtained or are in the process of obtaining 501(c) (3) status from the Internal Revenue Service.

Prevention - According to the IOM (1994) classification system, the term "prevention" is reserved for only those interventions that occur before the initial onset of a disorder. Preventive interventions may be universal, selective, or indicated, depending on their targeted audience.

Seroconversion - The process by which a person's antibody status changes from negative to positive.

Seroprevalence - As related to HIV infection, the proportion of persons who have serologic (i.e., pertaining to serum) evidence of HIV infection at any given time. (Source: Glossary of HIV/AIDS-Related Terms, HIV/AIDS Treatment Information Service)

Treatment:

Substance Abuse and Mental Health Treatment - According to the IOM (1994) classification system, treatment interventions are therapeutic in nature (such as psychotherapy, support groups, medication, and hospitalization), and are provided to individuals who meet or are close to meeting DSM[-V] diagnostic levels.

HIV/AIDS Treatment - activities and interventions undertaken with individuals already infected with HIV for the purpose of slowing the progression of the disease.

Appendix B: Background Information and References

Epidemiological data show that HIV disease continues to disproportionately affect minority communities throughout the United States and has indeed proven to be an 'epidemic of color'. According to the Centers For Disease Control and Prevention (CDC), rates of new HIV infections continue to increase disproportionately among American Indians/Alaska Natives, Asian-Americans/Pacific Islanders, however, among African-Americans and Hispanics/Latinos, rates have been overwhelming. Additionally, incidence rates of new HIV infections in women and adolescents of color have dramatically increased since the epidemic began in the 1980's. HRSA reported, "Studies of women living with HIV disease indicated that a large proportion are living in poverty and that many were poor prior to seroconversion" (4). Despite significant declines in HIV infection rates among men of color who have sex with men since the early years of the epidemic, they continue to be the group at highest risk for HIV, accounting for the majority of all AIDS cases, but an even greater proportion of all HIV diagnoses (3).

Selected seroprevalence studies among populations at risk provide an even clearer picture of why the epidemic continues to spread in communities of color. Aside from opportunistic illnesses associated with HIV transmission, data suggest that the following three interrelated issues play a key role in the excessive rates of HIV and STDs in communities of color (1):

- Continued health disparities among economic classes,
- Challenges related to controlling substance abuse, and
- Intersection of substance abuse with the epidemic of HIV and other sexually transmitted diseases.

Furthermore, studies have shown a direct link between substance abuse and HIV infection since risky behaviors associated with substance abuse continues to fuel the spread of HIV in the United States, especially in minority communities with high rates of STDs. Studies have also revealed that substance abuse reduces inhibitions associated with transmitting HIV to others (5). In order to overcome many of the current barriers associated with the spread of this epidemic, immediate action must be taken to make effective integrated prevention services available and accessible to populations at risk. Many studies, in fact, have verified that changes in knowledge about HIV are not, by themselves, sufficient to bring about changes in HIV risk behavior. Reduction of HIV risk behavior requires integrated, multi-faceted, and long-term interventions.

HIV is directly transmitted though injection drug use when users share and re-use syringes and other blood-contaminated equipment. However, users of non-injection drugs such as marijuana, crack cocaine, alcohol and some prescription drugs are also at greater risk of HIV infection compared to those who do not use drugs (6). A CDC study of inner-city young adults found that crack smokers were three times more likely than non-smokers to be infected with HIV (10). Because drug use can affect judgment and interfere with communication, users are more likely to engage in riskier sexual behavior (7). In a study on gay and bisexual men seeking methamphetamine abuse treatment, those who reported being HIV-positive were significantly more likely to report that their use of crystal was always associated with sexual behavior (4). HIV/AIDS has especially affected African-American communities. Researchers estimate

approximately 1 in 50 African American men and 1 in 160 African American women are infected with HIV (3). While African-Americans are just 13 percent of the U.S. population, they account for more than half of all new HIV infections (1). Among women, African-American women account for 64 percent of all new infections in the U.S. (3).

African-Americans are 10 times more likely than whites to be diagnosed with AIDS, and 10 times more likely to die from it (1). As of June 2000, African-Americans accounted for 38 percent of all reported AIDS cases (3). Forty eight percent of these reported AIDS cases indicated African-American adults and adolescents; 57 percent indicated African-American women and African-American children accounted for 59 percent of total AIDS cases among children (3).

HIV rates among Hispanics/Latinos are also disturbing. In 1998, HIV was the third leading cause of death for Hispanic/Latino men and the fourth leading cause of death for Hispanic/Latina women aged 24-44 years (3). From July 1999 to June 2000, 19 percent of reported AIDS cases were among Hispanic/Latino adults and adolescents (3). Among women, Hispanic/Latina women accounted for 20 percent of AIDS cases, and Hispanic/Latino children accounted for 23 percent of AIDS cases among children (3).

Although HIV prevention efforts have proven to be more effective in gay communities, racial disparities persist. Men of color who have sex with men (MSM) account for an estimated 42 percent of all new infections in the United States (3). Young MSM, especially African American and Latino MSM are particularly at higher risks for HIV infection. In a recent study of young MSM in seven U.S. cities, more than one in ten young MSM were HIV infected, with 15 percent of infection rates among young Latino MSM and 30 percent among young African American MSM (3).

AIDS cases are also increasing at an alarming rate among other minority communities. For example, Asian-Americans/Pacific Islanders accounted for 0.7 percent of all AIDS cases reported through June 2000 (3) and more recently accounted for 0.9 percent (3). Through June 2000, American Indians/Alaska Natives accounted for 0.6 percent of new HIV cases from 36 areas with confidential HIV reporting (3). For all AIDS cases through June 2000, American Indians/Alaska Natives accounted for 0.3 percent, which in recent times has increased to 0.4 percent (3).

Finally, the HIV epidemic continues to be an unprecedented threat to youth, especially minority youth. According to CDC, half of all new HIV infections in this country occur in young people under the age of 25. While the actual number of American youth who have been infected with HIV is unknown, it is estimated that 20,000 young people are infected with HIV every year, resulting in two young Americans between the ages of 13 and 24 contracting HIV every hour. CDC reported that African Americans and Hispanics constitute about 15 percent of U.S. teenagers and that African Americans represent 49 percent of the 3,725 AIDS cases (among those aged 13 to 19), and 67 percent of the 4,796 HIV infections reported to date in this age group (7). Hispanic teens account for 20 percent of AIDS cases among teens and young adults (ages 20-24) and account for about 65 percent of AIDS cases from racial or ethnic minority groups. Among young women, women of color account for 78 percent of AIDS cases (9). Researchers believe that cases of HIV infection diagnosed among 13 to 24 year olds are

indicative of overall trends in incidence rates, because this age group has recently initiated high-risk behaviors.

CDC studies conducted every 2 years in high schools (grades 9-12) consistently indicated that by the twelfth grade, 1) approximately two-thirds of high school students had sexual intercourse, 2) about half of sexually active 12th graders reported using latex condoms all of the time and 3) nearly one-quarter of 12th graders had four or more lifetime sex partners (9). In addition, many students report using alcohol or drugs when they have sex, and 1 in 50 high school students reported having injected an illegal drug (9). Recent findings from the University of Michigan's Monitoring the Future Survey demonstrated that, "Drug use among young people has stabilized but still remains close to all-time highs" (9). The survey also reported that twenty-six percent of eighth graders tried illegal drugs and one out of every two teenagers tried an illegal drug by twelfth grade (8). To date, many are still engaging in behaviors that may put them at risk of acquiring HIV infection and other sexually transmitted diseases. Even through health messages on risky behaviors around HIV transmission, very few youth have shown behavioral changes especially among those from minority populations (9).

REFERENCES:

1. Herbert, B. "The Quiet Scourge," New York Times, January 11, 2001.
2. Quander, L., "HIV/AIDS and Substance Abuse: Making Connections with Cross-Training," HIV Impact: A Closing the Gap newsletter of the Office of Minority Health, U.S. Department of Health and Human Services, Fall 2000, p. 1-2.
3. Centers for Disease Control and Prevention. HIV/AIDS Surveillance Report, 12 (1), 2001.
4. Health Resources and Services Administration. HRSA Care Action, Providing HIV/AIDS Care In A Changing Environment. "Substance Abuse in the United States: An Update". May 2001, p. 4.
5. National Alliance of State and Territorial AIDS Directories (NASTAD) HIV Prevention Bulletin. Focus on the Integration of HIV, Substance Abuse and Mental Health Services, March 2002.
6. National Institute on Drug Abuse. Director's Report to the National Advisory Council on Drug Abuse, September 2001.
7. The American Foundation for AIDS Research, Keeping Count: HIV/AIDS and Young People, 2001.
8. The White House Office of the Press Secretary. The President's National Drug Control Strategy, February 2002.
9. The White House Office of National AIDS Policy Report "Youth and HIV/AIDS 2000: A New American Agenda", 2000.
10. Office of Minority Health (OMH). (2000) "HIV/AIDS and Drug Use Among Minorities," HIV Impact: A Closing the Gap newsletter of the Office of Minority Health, U.S. Department of Health and Human Services, Fall 2000, p. 2.

Figure 1. Relationship Between Substance Use and HIV

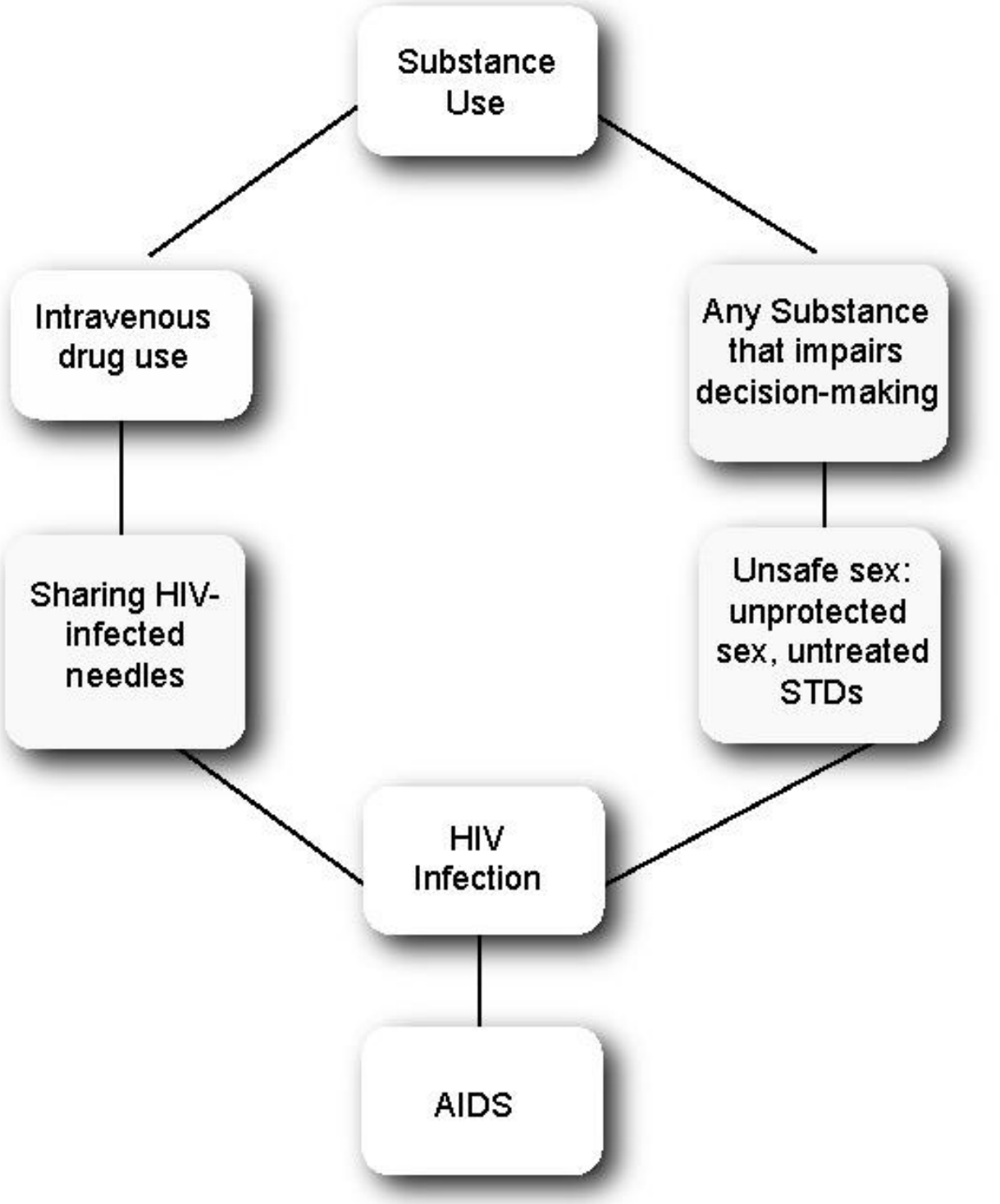
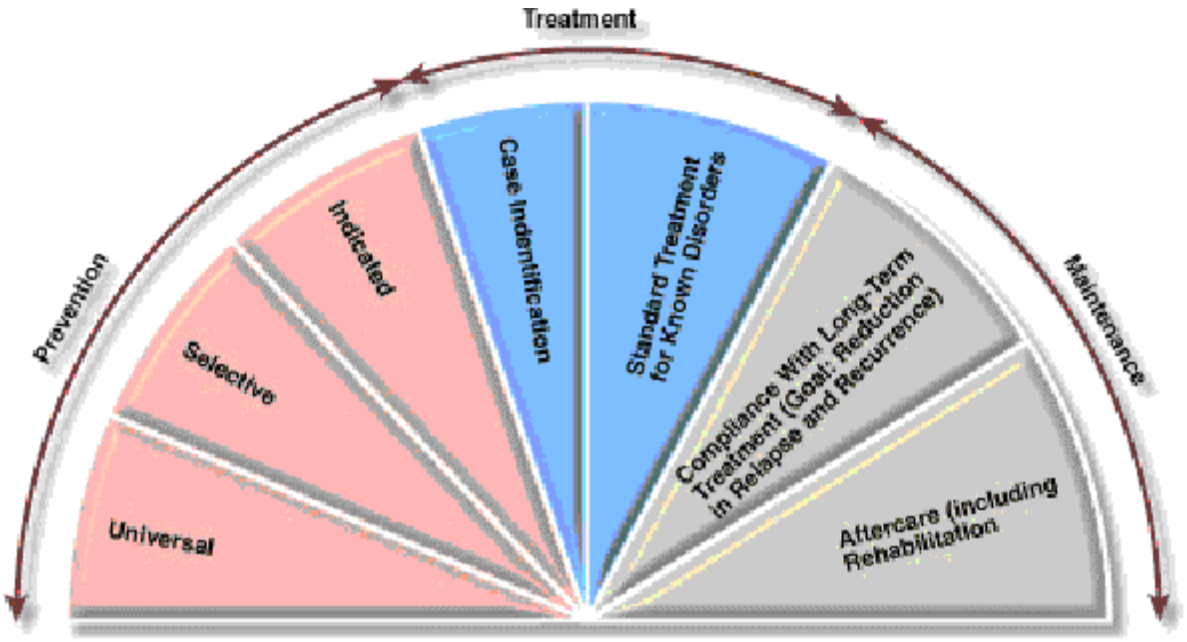


Figure 2. IOM Classification System : Prevention, Treatment, Maintenance



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Appendix C: Projected Population Profile

Estimate the Numbers of Eligible Target Population Members in your community (i.e. numbers at risk or needing services)

	Number Eligible:
Race/Ethnicity	
Africa American (not Hispanic)	
Hispanic/Latino	
American Indian	
Alaska Native	
Native Hawaiians & other Pacific Islanders	
Asian American	
White (not Hispanic)	
Gender	
Male	
Female	
Other (Specify:_____)	
Age	
Specify:_____ __	